Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 1 of 52

Document Page 1 of 32	
Debtor 1 First Name	Check if this is an amended filing Tmation 12/15 supplying correct
Part 1: Summarize Your Assets	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	s <i>1</i> /1
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	· 10
1b. Copy line 62, Total personal property, from Schedule A/B	\$_ Ø
1c. Copy line 63, Total of all property on Schedule A/B	\$ \$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Part 2: Summarize Your Liabilities	(financed carestman +116 Cash
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	s <u>47</u> ,349.33
Tour total habilities	
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ <u>(12240 from</u> (12240 from 9/2024 - 1/2025)

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 2 of 52

Ð	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	□ No. You have nothing to report on this part of the form. Check this box and submit this for Yes	rm to the court with your oth	er schedules.
7.	What kind of debt do you have?	e maneger and a contract of the contract of th	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an if family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	ndividual primarily for a per es. 28 U.S.C. § 159.	sonal,
	Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	of the form. Check this box	and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ome from Official	s_Ø
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :		(unemployme ended on 1,
		Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$	-
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	_
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 6	_
	9d. Student loans. (Copy line 6f.)	s 47, 349.3	3
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	s	_

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g, Total. Add lines 9a through 9f.

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Page 3 of 52 Document Fill in this information to identify your case: Debtor 1 Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of N.T. 25-12398-YFP Case number ☐ Check if this is an amended filing Official Form 106Dec **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? 🖄 No ☐ Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X

Signature of Debtor 2

Date MM / DD / YYYY

Date $\frac{3}{MM}$ $\frac{31}{DD}$ $\frac{2005}{YYYY}$

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 4 of 52

	Document	Page 4 01 52	
Fill in this information to identify your case:		an fire king st	
Debtor 1 First Name Middle Maine	Figueso	9	
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Distric	t of NJ		
Case number 25 - 18396 - VFP		_	Check if this is an
(If known)			amended filing
Official Form 107_			
tatement of Financial Affair	rs for Indi	viduals Filing for Bankruptcy	04/22
e as complete and accurate as possible. If two marr	ied people are fili	ng together, both are equally responsible for supplyi	ng correct
nformation. If more space is needed, attach a separa umber (if known). Answer every question.	ate sheet to this fo	orm. On the top of any additional pages, write your na	ame and case
Part 1: Give Details About Your Marital Sta	tus and Where	You Lived Before	
1. What is your current marital status?			
_			
☐ Married ☐ Married			
, -			
2. During the last 3 years, have you lived anywhere	other than where	you live now?	
No		ade udeas van line pari	
Yes. List all of the places you lived in the last 3 y			
Debtor 1:	Dates Debtor lived there	1 Debtor 2:	Dates Debtor 2 lived there
		Same as Debtor 1	☐ Same as Debtor 1
97 Hudson Street	From 2008		From
Number Street	то <u>2025</u>	Number Street	То
	_		
City State ZIP Code	-	City State ZIP Code	
,		☐ Same as Debtor 1	Same as Debtor 1
	_	a danc as poster i	
Number Street	_ From To	Number Street	From To
			10
		Chile 70 Code	
City State ZIP Code		City State ZIP Code	
3. Within the last 8 years, did you ever live with a s	pouse or legal eq	uivalent in a community property state or territory?	Community property
	aho, Louisiana, Nev	vada, New Mexico, Puerto Rico, Texas, Washington, and	i vvisconsin.)
No Ves. Make sure you fill out Schedule H: Your Co	odebtors (Official F	orm 106H).	
· · · · · · · · · · · · · · · · · · ·	`	•	
Part 2: Explain the Sources of Your Income			

4.	Did you have any income from employmen Fill in the total amount of income you received If you are filing a joint case and you have inco	I from all jobs and all busir	nesses, including part-tir	ne activities.	ndar years?
	No Yes. Fill in the details.	me mai you receive logeli	ter, list it dray drice unde	P Debtor 1.	
		Debtor 1		Debtor 2	
	From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply. Unemploymers Wages, commissions, bonuses, tips	Gross income (before deductions and exclusions)	Sources of income Check all that apply. Wages, commissions, bonuses, tips	Gross income (before deductions and exclusions)
	For last calendar year: (January 1 to December 31, 2024	☐ Operating a business☑ Wages, commissions, bonuses, tips☐ Operating a business	<u>s_H</u> , 57	 □ Operating a business □ Wages, commissions, bonuses, tips □ Operating a business 	\$
	For the calendar year before that: (January 1 to December 31,	✓ Wages, commissions, bonuses, tips✓ Operating a business	s 47,007	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details.	ents; pensions; rental inco a joint case and you have each source separately. De	ome; interest; dividends; e income that you receiv	money collected from laws ed together, list it only once	suits; royalties; and
		Debtor 1			Gross income from
		Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	each source (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Unemployment	\$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		- \$ - \$
	For last calendar year: (January 1 to December 31, 2004)	vnemeramons.	\$ 16,000 \$ 5,604.14 \$		- \$ - \$
	For the calendar year before that: (January 1 to December 31, YYYY)		\$ \$		\$ \$ \$

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 6 of 52

Are either	Debtor 1's or Debtor 2's debts primarily co	onsumer debts?	?		
No. No. No. "ir	either Debtor 1 nor Debtor 2 has primarily nourred by an individual primarily for a person	consumer debt nal, family, or hou	s. Consumer debts an	re defined in 11 U.S.C. § 101	(8) as
	uring the 90 days before you filed for bankrup			\$7,575* or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. Do child support and alimony. Also, do no Subject to adjustment on 4/01/25 and every 3	o not include pay ot include payme	ments for domestic so nts to an attorney for	upport obligations, such as this bankruptcy case.	
Yes. Do	ebtor 1 or Debtor 2 or both have primarily	consumer debt	s.		
-	uring the 90 days before you filed for bankrup			\$600 or more?	
	No. Go to line 7.				
¥	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payment	domestic suppor	t obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Exeter Finance	1/14/25	s 12,00	<u>\$ 38,534.91</u>	☐ Mortgage
	P.O. Box 666	1/07/25			Car Credit card
		10/21/25			Loan repayment
	Truing Texas 7506 City State ZIP Code	12/24/25	•		Suppliers or vendor Other
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
	Number Street				Credit card
	Number Street				Loan repayment
					Suppliers or vendor
	City State ZIP Code				Other
	Creditor's Name		\$	\$	Mortgage
	ordina a Hamo				Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendor Other
					I I / Mbor

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 7 of 52

co	thin 1 year before you filed for bankruptcy, did your siders include your relatives; any general partners; responding of which you are an officer, director, personent, including one for a business you operate as a so	n in control, or	owner of 20% or r	more of their voting	securities; and any managing
su	ch as child support and alimony.		Ü		-
À	Yes. List all payments to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Fmily Esposito	08/28/24	<u>\$510</u>	\$_ <i>\(\frac{1}{2}\)</i>	owed my sister this amount for money
	189 Mountainside Nood	10/12/24			borrowed for proxe
	Mendinam NT 07945 City State ZIP Code				bill and insurance payment.
	Everin Rivera Insiders Name 97 Hudson St	10/15/24 2/23/24	<u>\$ 93\</u>	\$ <u>Ø</u>	Car insurance Paid to my Mom because it was under her name.
	Number Street "	4/2/24			
	City State ZIP Code				:
^ 14C					the second secon
an			ayments or trans	fer any property o	n account of a debt that benefited
an Ind	insider? clude payments on debts guaranteed or cosigned by		ayments or trans Total amount paid	ifer any property o Amount you still owe	n account of a debt that benefited Reason for this payment Include creditor's name
an Ind	insider? clude payments on debts guaranteed or cosigned by No	an insider. Dates of	Total amount	Amount you still	Reason for this payment
an Ind	insider? Clude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider.	an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
an Ind	insider? Clude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider. Insider's Name	an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
an Ind	insider? Clude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider. Insider's Name Number Street	an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
an Ind	clude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider. Insider's Name Number Street City State ZIP Code	an insider. Dates of	Total amount paid	Amount you still	Reason for this payment

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 8 of 52

List all such matters, including personal and contract disputes.	nkruptcy, were you a party in an al injury cases, small claims action	y lawsuit, court action, or adn s, divorces, collection suits, pate	ninistrative proce ernity actions, sup	eding? port or custody modifications
No Yes, Fill in the details.				
Tes. Fill in the details.	Nature of the case	Court or agency		Status of the case
Case title		Court Name		Pending On appeal
Case number		Number Street		Concluded
Gase number		City S	ate ZIP Code	
Case title		Court Name		Pending On appeal
Case number		Number Street City S	ate ZIP Code	Concluded
No. Go to line 11.				
☐ No. Go to line 11. ☐ Yes. Fill in the information below.			Data	Value of the preparty
	Describe the pro	operty NW 3201 XVIIV	Date	Value of the property 9,250 - 14,000 \$ 4,566 - 14,600
Yes. Fill in the information below.	ANO A	mw 320; Xdriv	2 2 2 3	9,250 - 14,000 \$ 9,500 - 14,000 £JF
Yes. Fill in the information below. Exercit finance creditor's Name P.O. Box 16608	Explain what ha	ppened vas repossessed. vas foreclosed.	ned letter	
Yes. Fill in the information below. Exercit finance creditor's Name P.O. Box 16608	Explain what ha Property w Property w Property w	ppened vas repossessed. vas foreclosed. vas garnished. vas attached, seized, or levied.	ed 1940	9,250-14,000 \$ 9,500-14,000 EJF 10 March 2025
Yes. Fill in the information below. Exercit finance Creditor's Name P.O. Box 16608 Number Street	Explain what has Property w Property w Property w Property w	ppened vas repossessed. vas foreclosed. vas garnished. vas attached, seized, or levied.	ned letter ing it I ha	9,250-14000 \$ 9,500-14,000 EJF in March 2025 whed to pay my 18900550000
Yes. Fill in the information below. Exercise fraction of the control of the cont	Explain what ha Property w Property w Property w Property w Property w Describe the pro	ppened vas repossessed. vas foreclosed. vas garnished. vas attached, seized, or levied. operty	ned letter ing it I ha	9,250 - 14,000 \$ 9,500 - 14,000 EJF In March 2025 whed to fly my 10,905 - 500.
Yes. Fill in the information below. Exercit finance Creditor's Name P.O. Box 16608 Number Street	Explain what ha Property w Property w Property w Property w Property w Property w Explain what ha	ppened vas repossessed. vas foreclosed. vas garnished. vas attached, seized, or levied. operty	ned letter ing it I ha	9,250 - 14,000 \$ 9,500 - 14,000 EJF In March 2025 whed to fly my 10,905 - 500.

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 9 of 52

1 0			
es. Fill in the details.			
	Describe the action the creditor took	Date action	Amount
	pescribe the action the creation took	was taken	Tanount
reditor's Name	• •	:	
			\$
umber Street			
		•	
ity State ZIP Code	Last 4 digits of account number: XXXX	_	
itors, a court-appointed receiver, a cus lo 'es List Certain Gifts and Contribu	itions		
lo	tcy, did you give any gifts with a total value of more than	\$600 per person?	
in 2 years before you filed for bankrupt lo 'es. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	tcy, did you give any gifts with a total value of more than Describe the gifts	Dates you gave the gifts	Value
lo 'es. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave	Value \$
lo 'es. Fill in the details for each gift. Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	
lo Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift	Describe the gifts	Dates you gave	
lo Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift	Describe the gifts	Dates you gave	
lo 'es. Fill in the details for each gift. Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift	Describe the gifts	Dates you gave	
lo Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift tumber Street State ZIP Code	Describe the gifts	Dates you gave	
Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift umber Street erson's relationship to you Sifts with a total value of more than \$600	Describe the gifts	Dates you gave	
lo Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Terson to Whom You Gave the Gift Tumber Street	Describe the gifts	Dates you gave the gifts	\$\$
lo Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift tumber Street Street Street State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$ \$ Value

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 10 of 52

Althin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other isaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. \$ T: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.	Í No			
Charify's Name Street Str	Yes. Fill in the details for each gift or a	contribution.		
Number Street Number Street State State		Describe what you contributed		Value
Number Street City State ZIP Code	Charily's Name			\$
State ZIP Code				\$
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other lisaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss include the amount that insurance has pald. List pending insurance loss Note that the property you lost and how the loss occurred Describe any insurance has pald. List pending insurance loss Note that the property you lost and how the loss occurred Substitute the amount that insurance has pald. List pending insurance loss Note that the property you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Person Who Was Paid Number Street Substitute of the fire, other lists anything because of theft, fire, other lists anything because of the fire payment or transfer was made Amount of payment or transfer was made	Number Street			
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Pescribe the property you lost and how the loss occurred Describe any Insurance coverage for the loss lock the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule ArB: Property. S List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone your consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Person Who Was Paid Number Street Date payment or transfer was made S Amount of payments or transfer was made \$	City State ZIP Code			
No	t 6: List Certain Losses			
No				
No Yes. Fill in the details.		ruptcy or since you filed for bankruptcy, did you lose anything	because of theft, f	ire, other
Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance loss Include the amount that insurance has paid. List pending insurance Include the amount that insurance has paid. List pending insurance Include A/B: Property.				
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone vou consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Person Who Was Paid Number Street \$	<u>``</u> '			
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. \$		Describe any insurance coverage for the loss		Value of property
Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Person Who Was Paid Number Street \$	how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	1088	1051
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Person Who Was Paid Number Street \$\$	t 7: List Certain Payments or T	ransfers	:	\$
Person Who Was Paid Number Street \$\$	Within 1 year before you filed for bank you consulted about seeking bankrup include any attorneys, bankruptcy petition. \[\text{\texi}\text{\text{\texi\texi{\texi{\texi{\texi{\texi\texi{\texi{\texi{\texi{\tex	ruptcy, did you or anyone else acting on your behalf pay or trar tcy or preparing a bankruptcy petition?		to anyone
s	Within 1 year before you filed for bank you consulted about seeking bankrup include any attorneys, bankruptcy petition. \[\text{\texi}\text{\text{\texi\texi{\texi{\texi{\texi{\texi\texi{\texi{\texi{\texi{\tex	ruptcy, did you or anyone else acting on your behalf pay or trar tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or	to anyone Amount of paymen
s	Within 1 year before you filed for bank you consulted about seeking bankrupt nclude any attorneys, bankruptcy petition ☐ Yes. Fill in the details.	ruptcy, did you or anyone else acting on your behalf pay or trar tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	
City State ZIP Code	Within 1 year before you filed for bank you consulted about seeking bankrup! Include any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid	ruptcy, did you or anyone else acting on your behalf pay or trar tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	
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Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 11 of 52

	Description and value of any property	(lalisterreu	Date payment or transfer was made	Amount of payment
Person Who Was Paid	- : - :			œ
	- - :			Φ
Number Street			· ·	\$
City State ZIP Code	-			
Email or website address	_		: : :	
Person Who Made the Payment, if Not You			:	
omised to help you deal with your credi not include any payment or transfer that y No Yes. Fill in the details.		ealtors ?		
	Description and value of any property	transferred	Date payment or transfer was made	Amount of payme
Person Who Was Paid		•	·	
Number Street	_			\$
			:	
	_ !		: -	\$
City State ZIP Code thin 2 years before you filed for bankru	ptcy, did you sell, trade, or otherwise	e transfer any prop	perty to anyone, other th	\$nan property
City State ZIP Code thin 2 years before you filed for bankru unsferred in the ordinary course of your clude both outright transfers and transfers o not include gifts and transfers that you ha No Yes, Fill in the details.	r business or financial affairs? made as security (such as the granting			
thin 2 years before you filed for bankru insferred in the ordinary course of your clude both outright transfers and transfers o not include gifts and transfers that you ha	r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property	of a security intere	st or mortgage on your pr	operty).
thin 2 years before you filed for bankru insferred in the ordinary course of your clude both outright transfers and transfers o not include gifts and transfers that you ha	r business or financial affairs? made as security (such as the granting ave already listed on this statement.	of a security intere	st or mortgage on your pr	operty).
thin 2 years before you filed for bankru insferred in the ordinary course of your clude both outright transfers and transfers onot include gifts and transfers that you ha No Yes. Fill in the details.	r business or financial affairs? made as security (such as the granting ave already listed on this statement. Description and value of property	of a security intere	st or mortgage on your pr	operty).
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Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 12 of 52

Ø N	No				
	es. Fill in the details.				
		Description and value of the prope	rty transferred		Date transfer
					was made
١	Name of trust				:
_					
	والمراقبة والمرا	garang garaga garang kan kan kan mengang kan kenang kan kan dan dan dan dan dan dan dan dan dan d	oo		
rt 8:	List Certain Financial Accounts,	Instruments, Safe Deposit	Boxes, and Storag	e Units	
With	in 1 year before you filed for bankruptc	y, were any financial accounts o	r instruments held in	your name, or for your	benefit,
clos	ed, sold, moved, or transferred?				
brok	ude checking, savings, money market, o terage houses, pension funds, cooperat	r other financial accounts; certi lives, associations, and other fir	ncates of deposit; sna ancial institutions.	ares in banks, credit ur	nons,
		,,			
	Yes. Fill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved,	Last balance befor closing or transfer
	n Manare		msnument	or transferred	closing of wallard
	Name of Financial Institution	12211	[▽]	k i I N	. 1%
	100 NITYTON SHOOT	хххх- <u>ДЗЗ</u> Ц	Checking Savings	With	\$_ <u>\/</u> /
	Number Street		☐ Savings ☐ Money market		
	Marine MA ABAT		☐ Brokerage		
	City State ZIP Code		Other		
					\sim
	Division of Persions and benef	*xxxx-42 6 8	☐ Checking		\$_ \(\int\)
	Name of Financial Institution		☐ Savings		7
	Number Street		Money market		
			Brokerage		
	City State ZIP Code		Other		
_	ou now have, or did you have within 1		star, any enfo donacit	hav ar athar danasitar	ny for
	you now nave, or did you nave within i y urities, cash, or other valuables?	year before you filed for bankiu	ncy, any sale deposit	box of other depositor	y 101
L_{N}	No				
u '	Yes. Fill in the details.	140- at a had a a a 400	Decaribe ti	ne contents	Do you stil
		Who else had access to it?	Describe ti	ie contents	have it?
	10 Margan Mara & Co	$\Lambda \cup \Lambda$	CULLE	M Kank	□ No
	Name of Financial Institution	Name		m bank ont	∑ Yes
	270 Park Frence		W(O	Orit	·
	Number *Street	Number Street			
	Par a S				
	ALMAN WIN MAN MANIA	City State ZIP Code	*		

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 13 of 52

Yes. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you st have it?
			No
Name of Storage Facility	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Yes
Number Street	Number Street	:	
	City State ZIP Code		:
City State ZIP Cod	ie	÷	
rt 9: Identify Property You H	old or Control for Someone Else		
Do you hold or control any property the property that the property the property that the propert	nat someone else owns? Include any pro	perty you borrowed from, are storing	for,
₩ No			
Yes. Fill in the details.	Where is the property?	Describe the property	Value
			•
Owner's Name	Number Street		3
Number Street	Williams Subst		:
	City State ZIP C	ode	:
City State ZIP Co	de		:
rt 10: Give Details About Envi	ronmental information		
ct 10: Give Details About Envi	ronmental information definitions apply:		ases of
Cive Details About Environmental law means any federal hazardous or toxic substances, waste	ronmental information definitions apply: , state, or local statute or regulation cones, or material into the air, land, soil, sur	cerning pollution, contamination, relea	ases of lium,
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Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 14 of 52

No Yes. Fill in the details.			
, os. i iii iii iii dadana.	Governmental unit	Environmental law, if you know it	Date of notice
		:	
Name of site	Governmental unit	!	
Number Street	Number Street		
	City State ZIP Co	de	
City State Z	ZIP Code		
•			
ve you been a party in any judi	cial or administrative proceeding und	er any environmental law? Include settleme	nts and orders.
No			
Yes. Fill in the details.			
	Court or agency	Nature of the case	Status of the case
			0000
Case title	Court Name		Pending
	out name		🔲 Оп арре
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Case number	City State	IP Code	
ithin 4 years before you filed fo		or have any of the following connections to	o any business?
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Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 15 of 52

		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name		-	EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
		-	From To
City	State ZIP Code	- 	
ha fighing hayan ayan ama garan ama garan a a ay maa ama a maha haya maha ha ay maha ba	$(g_{\theta}, g_{\theta}, g_{\theta},$		wood about your business? Include all financial
	ore you filed for bankru fors, or other parties.	iptcy, did you give a financial statement to an	nyone about your business? Include all financial
₩ No Yes. Fill in the	details helow.		
103.111111111	detaile selen.	Date issued	
Name		MM / DD / YYYY	
Number Street		_	
		_	
City	State ZIP Code	_	
City	State 24 Code		
Part 12: Sign Be	low		
answers are true in connection wi	and correct. Lundersta	ent of Financial Affairs and any attachments, and that making a false statement, concealing an result in fines up to \$250,000, or imprison	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud ment for up to 20 years, or both.
* Evelin	Flygerow	*	
Signature of De		Signature of Debtor 2	
Date $3/31/$		Date	
Did you attach a	dditional pages to Your	Statement of Financial Affairs for Individuals	s Filing for Bankruptcy (Official Form 107)?
Ma No □ Yes			
Did you pay or a ☑ No	gree to pay someone w	ho is not an attorney to help you fill out bank	cruptcy forms?
9	person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
d is a record to be a made to the contraction of th	anner granden i sagant (1 - 22 f.) agus (17 - 22 f.) agus an	e transferment mentelement mentelement er veret er veret in det fam fan fer veretnemen er mentelement in de te	1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +

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btor 2	्रक् र भ क्षक		_	presumption of abuse.
ouse, if filing) First Name Middle Name ited States Bankruptcy Court for the: District of	Last Name		abuse appli	tion to determine if a presumption of es will be made under <i>Chapter 7</i> <i>Calculation</i> (Official Form 122A–2).
se number 25 - 12348 - VFP				Test does not apply now because of litary service but it could apply later.
			☐ Check if this	is an amended filing
icial Form 122A—1				
hapter 7 Statement of Your (Current	Monthi	y Income	12/19
Part 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. A Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out Married and your spouse is NOT filing with you. You Living in the same household and are not leg Living separately or are legally separated. Fill	both Columns A a fou and your spondally separated. For a column A, lire	ouse are: Fill out both Co nes 2-11; do n	lumns A and B, lin	. By checking this box, you declare
under penalty of perjury that you and your spous spouse are living apart for reasons that do not in Fill in the average monthly income that you received to	clude evading the from all sources	arated under n e Means Test r , derived duri	onbankruptcy law t equirements. 11 U ng the 6 full mont	hat applies or that you and your .S.C. § 707(b)(7)(B). ths before you file this
spouse are living apart for reasons that do not in	clude evading the from all sources you are filing on s luring the 6 month than once. For ex	arated under ne Means Test r , derived duri September 15 ns, add the inc xample, if both	onbankruptcy law to equirements. 11 U ing the 6 full mont the 6-month perio ome for all 6 month spouses own the	hat applies or that you and your S.C. § 707(b)(7)(B). This before you file this d would be March 1 through as and divide the total by 6. Same rental property, put the
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Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 17 of 52

 $M_{\rm eff} = - p \cdot e^{i t}$ (2.17)

			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8.	Unemployment compensation	N.	<u>\$ 2248</u>	\$	
	Do not enter the amount if you contend that the amount receive under the Social Security Act. Instead, list it here:	V	* 1 *	<i></i>	
	For you	(340 > ARMI Jan	nuary 14,	7025	
_	For your spouse\$_	control that was a	<i>y</i>		
	Pension or retirement income. Do not include any amount rebenefit under the Social Security Act. Also, except as stated in not include any compensation, pension, pay, annuity, or allows United States Government in connection with a disability, combinability, or death of a member of the uniformed services. If yo pay paid under chapter 61 of title 10, then include that pay only does not exceed the amount of retired pay to which you would retired under any provision of title 10 other than chapter 61 of the services.	the next sentence, do not paid by the pat-related injury or pureceived any retired by to the extent that it otherwise be entitled if hat title.	\$	\$	
10.	Income from all other sources not listed above. Specify the Do not include any benefits received under the Social Security as a victim of a war crime, a crime against humanity, or internaterrorism; or compensation, pension, pay, annuity, or allowand States Government in connection with a disability, combat-related the of a member of the uniformed services. If necessary, list	Act; payments received tional or domestic e paid by the United ted injury or disability, or			
	separate page and put the total below.		\$ \$	\$ \$	
	Total amounts from separate pages, if any.		+\$	+ \$	-
11.	Calculate your total current monthly income. Add lines 2 th column. Then add the total for Column A to the total for Column	rough 10 for each n B.	<u> </u>	<u> </u>	Total current monthly income
Pa	rt 2: Determine Whether the Means Test Applies	to You			
12.	Calculate your current monthly income for the year. Follow				CANA
	12a. Copy your total current monthly income from line 11		Co _l	oy line 11 here	<u>\$ 4,440</u>
	Multiply by 12 (the number of months in a year).	7 I'm no longer	CCG MELL MIN	B Fresham	x 12
	12b. The result is your annual income for this part of the form	· Demokriss for ein	rd form 8/202	[L-][-5.12b.	\$_\(\sigma_2\)\\
13.	Calculate the median family income that applies to you. For	ollow these steps: '4000'	1. Kills to Jun.		
	Fill in the state in which you live.	ewjessy			
	Fill in the number of people in your household.	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		ı	
	Fill in the median family income for your state and size of hous To find a list of applicable median income amounts, go online instructions for this form. This list may also be available at the	using the link specified in th		13.	\$ <u>75,321</u>
14.	How do the lines compare?				
	Line 12b is less than or equal to line 13. On the top of Go to Part 3. Do NOT fill out or file Official Form 122.	f page 1, check box 1, <i>Ther</i> e A-2	e is no presumptior	n of abuse.	
	14b. Line 12b is more than line 13. On the top of page 1, on Go to Part 3 and fill out Form 122A-2.	heck box 2, <i>The presumptic</i>	on of abuse is deter	mined by Form 122	4-2.

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 18 of 52

Ngg. r	the second of th	The Helph
Part 3:	Sign Below	
Section 1	By signing here, I declare under penalty of perjury that the information of	n this statement and in any attachments is true and correct.
	* Enolina Felinera	*
	Signature of Debtor 1	Signature of Debtor 2
	Date 3 3 2025 MM / DD /YYYY	Date
	If you checked line 14a, do NOT fill out or file Form 122A-2.	
	If you checked line 14b, fill out Form 122A–2 and file it with this form	

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 19 of 52

Document F	Page 19 of 52
Fill in this information to identify your case:	Check the appropriate box as directed in lines 40 or 42:
Debtor 1 Jein Sanette Fluctor First Name Middle Name Last Name	According to the calculations required by this Statement:
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	1. There is no presumption of abuse.
United States Bankruptcy Court for the: District of	☐ 2. There is a presumption of abuse.
Case number 25 - 12398 - VFP	☐ Check if this is an amended filing
Official Form 122A-2 Chapter 7 Means Test Calculation	04/22
To fill out this form, you will need your completed copy of Chapter 7 State	ement of Your Current Monthly Income (Official Form 122A-1).
Be as complete and accurate as possible. If two married people are filing is needed, attach a separate sheet to this form. Include the line number to pages, write your name and case number (if known).	together, both are equally responsible for being accurate. If more space o which the additional information applies. On the top of any additional
Part 1: Determine Your Adjusted Income	
Copy your total current monthly income	Copy line 11 from Official Form 122A-1 here
2. Did you fill out Column B in Part 1 of Form 122A–1?	=(2,240 from 9/2004-1/14/2005)
☑ No. Fill in \$0 for the total on line 3.	4/2024-1/)4/2025
Yes. Is your spouse filing with you?	
No. Go to line 3.	
Yes. Fill in \$0 for the total on line 3.	
Adjust your current monthly income by subtracting any part of your s household expenses of you or your dependents. Follow these steps:	pouse's income not used to pay for the
On line 11, Column B of Form 122A–1, was any amount of the income you regularly used for the household expenses of you or your dependents?	reported for your spouse NOT
No. Fill in 0 for the total on line 3.	
☐ Yes. Fill in the information below:	
State each purpose for which the income was used	Fill In the amount you
For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	are subtracting from your spouse's income
	\$
	\$
	+ \$
_ , .	13

Copy total here

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Page 20 of 52 Document

24

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

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National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

s 1500

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older-because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

7b. Number of people who are under 65

7c. Subtotal. Multiply line 7a by line 7b.

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person

Number of people who are 65 or older

Subtotal. Multiply line 7d by line 7e.

Copy here

Total. Add lines 7c and 7f.....

Copy total here

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 21 of 52

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ■ Housing and utilities – Insurance and operating expenses ■ Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of the creditor payment Repeat this Сору amount on Total average monthly payment hereline 33a 9c. Net mortgage or rent expense. Сору Subtract line 9b (total average monthly payment) from line 9a (mortgage or here 🗗 rent expense). If this amount is less than \$0, enter \$0..... 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the

operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

s 🞾 500

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 22 of 52

Vehicle 1 De	scribe Vehicle 1:	2018 BM	u 320i xdri	we		<u></u>	
13a. Ownership	or leasing costs using	g IRS Local Stand	ard		\$ 619		
13b. Average m	onthly payment for all	I debts secured by			·		
amounts th	te the average monthly nat are contractually di led for bankruptcy. Th	ue to each secure	nd on line 13e, add all d creditor in the 60 m	l onths			
-	of each creditor for Vehi	icle 1	Average monthly payment \$ \(\begin{pmatrix} \\ \\ \eta \end{pmatrix}\$	_			
			+ \$	_			
	Total average m	onthly payment	s 965	Copy here	-s 965	Repeat this amount on line 33b.	
						WANTED WATER	(X
	1 ownership or lease e 13b from line 13a. If	-	s than \$0, enter \$0		\$	Copy net Vehicle 1 expense here	\$ = 346
Subtract lin	•	f this amount is les	ss than \$0, enter \$0		\$	Vehicle 1 expense	\$ = 346 E)F
Subtract lin Vehicle 2 De	e 13b from line 13a. If	f this amount is les			\$ \$	Vehicle 1 expense	\$ = 346 E)F
Subtract lin Vehicle 2 De 13d. Ownership 13e. Average m	e 13b from line 13a. If scribe Vehicle 2:	f this amount is les g IRS Local Stand I debts secured by	ard			Vehicle 1 expense	\$ = 346 E)F
Subtract lin Vehicle 2 De 13d. Ownership 13e. Average m Do not inc	e 13b from line 13a. If scribe Vehicle 2: o or leasing costs using	f this amount is les g IRS Local Stand I debts secured by vehicles.	ard			Vehicle 1 expense	\$ = 346 E)F
Subtract lin Vehicle 2 De 13d. Ownership 13e. Average m Do not inc	e 13b from line 13a. If scribe Vehicle 2: or leasing costs using nonthly payment for all	f this amount is les g IRS Local Stand I debts secured by vehicles.	ardv Vehicle 2.			Vehicle 1 expense	\$ = 346 E)F
Subtract lin Vehicle 2 De 13d. Ownership 13e. Average m Do not inc	e 13b from line 13a. If scribe Vehicle 2: or leasing costs using nonthly payment for all	f this amount is les g IRS Local Stand I debts secured by vehicles.	ardv Vehicle 2.			Vehicle 1 expense	\$ = 346 E)F
Subtract lin Vehicle 2 De 13d. Ownership 13e. Average m Do not inc	e 13b from line 13a. If escribe Vehicle 2: o or leasing costs using nonthly payment for all lude costs for leased v	f this amount is les g IRS Local Stand I debts secured by vehicles.	ardv Vehicle 2.			Vehicle 1 expense	\$ = 346 E)F
Subtract lin Vehicle 2 De 13d. Ownership 13e. Average m Do not inc Name of	e 13b from line 13a. If escribe Vehicle 2: o or leasing costs using nonthly payment for all lude costs for leased v	f this amount is less good the secured by wehicles. monthly payment a expense	ard Vehicle 2. Average monthly payment \$	Copy here		Vehicle 1 expense here	\$ = 346 E)F

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 23 of 52

Othe	r Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.		
er pa	mployment taxes, Social Se by for these taxes. Howeve	ount that you will actually owe for federal, state and local taxes, such as income taxes, self- curity taxes, and Medicare taxes. You may include the monthly amount withheld from your r, if you expect to receive a tax refund, you must divide the expected refund by 12 and e total monthly amount that is withheld to pay for taxes.		\$ <i>O</i>
D	o not include real estate, sa	ales, or use taxes.		
uı	nion dues, and uniform cost			s <i>O</i>
D	o not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.		Ψ
to	gether, include payments t	onthly premiums that you pay for your own term life insurance. If two married people are filing hat you make for your spouse's term life insurance. Do not include premiums for life ts, for a non-filing spouse's life insurance, or for any form of life insurance other than term.		\$ <u>Ø</u>
a	gency, such as spousal or o			s Ø
D	o not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.		Ψ
		y amount that you pay for education that is either required:		
	as a condition for your job for your physically or ment	, or tally challenged dependent child if no public education is available for similar services.		\$ <u>Ø</u>
		amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. any elementary or secondary school education.		\$ <i>D</i>
is h	required for the health and ealth savings account. Inclu	enses, excluding insurance costs: The monthly amount that you pay for health care that welfare of you or your dependents and that is not reimbursed by insurance or paid by a use only the amount that is more than the total entered in line 7. See or health savings accounts should be listed only in line 25.		\$ <i>9</i>
yo se is D	ou and your dependents, su ervice, to the extent necess not reimbursed by your en o not include payments for	basic home telephone, internet and cell phone service. Do not include self-employment	+	s 57
e	kpenses, such as those rep	orted on line 5 of Official Form 122A-1, or any amount you previously deducted.	p	
	dd all of the expenses all	owed under the IRS expense allowances.		<u>\$ 157</u>
				The second common second se

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 24 of 52

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

	Health insurance, disability insurance, and hea insurance, disability insurance, and health savings dependents.	Ith savings account expenses. T accounts that are reasonably neces	he monthly expenses for health essary for yourself, your spouse, or your	
	Health insurance	s		
	Disability insurance	\$		
	Health savings account	+ \$	_	40
	Total	\$_0	Copy total here→	\$ <u></u>
	Do you actually spend this total amount?			
	☐ No. How much do you actually spend? ☐ ✓Yes	\$		
	Continuing contributions to the care of housely continue to pay for the reasonable and necessary of household or member of your immediate family who contributions to an account of a qualified ABLE pro	care and support of an elderly, chro to is unable to pay for such expense	onically ill, or disabled member of your	\$_ <i>O</i>
	Protection against family violence. The reasona you and your family under the Family Violence Pre By law, the court must keep the nature of these ex	vention and Services Act or other f		\$
	Additional home energy costs. Your home energy you believe that you have home energy costs that 8, then fill in the excess amount of home energy of You must give your case trustee documentation of claimed is reasonable and necessary.	at are more than the home energy opts.	costs included in expenses on line	\$ <u>(</u>)
	Education expenses for dependent children will per child) that you pay for your dependent children elementary or secondary school. You must give your case trustee documentation of reasonable and necessary and not already account	who are younger than 18 years ok your actual expenses, and you mu	d to attend a private or public	<u>\$_Ø</u>
	* Subject to adjustment on 4/01/25, and every 3 y	vears after that for cases begun on	or after the date of adjustment.	
	Additional food and clothing expense. The morthan the combined food and clothing allowances in food and clothing allowances in the IRS National S To find a chart showing the maximum additional al this form. This chart may also be available at the b You must show that the additional amount claimed	nthe IRS National Standards. That Standards. Iowance, go online using the link sp ankruptcy clerk's office.	amount cannot be more than 5% of the	\$ <u> </u>
31	. Continuing charitable contributions. The amou instruments to a religious or charitable organization	unt that you will continue to contribเ n. 26 U.S.C. § 170(c)(1)-(2).	ute in the form of cash or financial	+ \$
	. Add all of the additional expense deductions. Add lines 25 through 31.			\$

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	Mortgages on your home:			Average monthly payment		
33a	Copy line 9b here		•	→ \$ Ø		
oua					r.e	
	Loans on your first two ve			- MONTON	alk	
33b	Copy line 13b here		,,,,,	→ \$ 20 y cyu	_ 700	
33c	Copy line 13e here			\$	_	
33d	List other secured debts:					
	Name of each creditor for ot secured debt	her Identify proper secures the de		es		
	Progressive	<u>Carinsu</u>	Can'le D No	\$ <u>28.0</u>	-	
			No U Yes	\$	_	
		- 10104	No U Yes	+ \$	- -	
336	Fotal average monthly payment	t. Add lines 33a through 33	d	\$ 1245	Copy total	\$ 1245
34. Are or o	any debts that you listed in li ther property necessary for y	ine 33 secured by your pr your support or the suppo	imary residence, a vehicl ort of your dependents?	le,		
or o	ther property necessary for y No. Go to line 35. Yes. State any amount that you listed in line 33, to keep po	your support or the support u must pay to a creditor, in a possession of your property	ort of your dependents? addition to the payments	le,		
or o	ther property necessary for y No. Go to line 35. Yes. State any amount that you	your support or the support u must pay to a creditor, in a possession of your property	ort of your dependents? addition to the payments	le, Monthly cure amount		
or o	ther property necessary for y No. Go to line 35. Yes. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	your support or the support u must pay to a creditor, in a ossession of your property in the information below. Identify property that	addition to the payments (called the cure amount).	Monthly cure amount	_	
or o	ther property necessary for y No. Go to line 35. Yes. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	your support or the support u must pay to a creditor, in a ossession of your property in the information below. Identify property that	addition to the payments (called the <i>cure amount</i>). Total cure amount	Monthly cure amount = \$		
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35. Do	ther property necessary for y No. Go to line 35. Yes. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	your support or the support I must pay to a creditor, in a cossession of your property in the information below. Identify property that secures the debt	addition to the payments (called the <i>cure amount</i>). Total cure amount \$ ÷ 60 = \$ ÷ 60 = Total	Monthly cure amount = \$		\$
35. Do y	No. Go to line 35. Yes. State any amount that you listed in line 33, to keep por Next, divide by 60 and fill in Name of the creditor You owe any priority claims sare past due as of the filing who. Go to line 36.	your support or the support I must pay to a creditor, in a cossession of your property in the information below. Identify property that secures the debt	addition to the payments (called the <i>cure amount</i>). Total cure amount \$ ÷ 60 = \$ ÷ 60 = Total d support, or alimony— case? 11 U.S.C. § 507.	Monthly cure amount = \$		\$
35. Do y	No. Go to line 35. Yes. State any amount that you listed in line 33, to keep por Next, divide by 60 and fill in Name of the creditor You owe any priority claims so are past due as of the filling No. Go to line 36. Yes. Fill in the total amount of a	your support or the support I must pay to a creditor, in a cossession of your property in the information below. Identify property that secures the debt	addition to the payments (called the cure amount). Total cure amount \$ ÷ 60 = \$ ÷ 60 = Total d support, or alimony — case? 11 U.S.C. § 507.	Monthly cure amount = \$		\$
35. Do y	No. Go to line 35. Yes. State any amount that you listed in line 33, to keep por Next, divide by 60 and fill in Name of the creditor You owe any priority claims are past due as of the filing the No. Go to line 36. Yes. Fill in the total amount of a ongoing priority claims, su	u must pay to a creditor, in a cossession of your property in the information below. Identify property that secures the debt Such as a priority tax, childate of your bankruptcy of these priority claims.	addition to the payments (called the <i>cure amount</i>). Total cure amount \$	Monthly cure amount = \$ = \$ + \$ \$		\$\$

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 26 of 52

For more information, go online using the link for <i>Bankruptcy Basics</i> specified in the separate instructions for this form. <i>Bankruptcy Basics</i> may also be available at the bankruptcy clerk's office.	
No. Go to line 37.	
Yes. Fill in the following information.	
Projected monthly plan payment if you were filing under Chapter 13	
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).	
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	
Average monthly administrative expense if you were filing under Chapter 13 \$ Copy total here \$ \$_	
37. Add all of the deductions for debt payment. Add lines 33e through 36.	1245
Total Deductions from Income	
38. Add all of the allowed deductions.	
Copy line 24, All of the expenses allowed under IRS \$	
Copy line 32, All of the additional expense deductions \$	
Copy line 37, All of the deductions for debt payment+\$ 1245	
	171
Total deductions \$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1402
Total deductions \$ 400 Copy total here → \$	1402
	1402
Part 8: Determine Whether There Is a Presumption of Abuse	1402
Part 3: Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months	1402
Part 3: Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income \$	1402
Part 3: Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income \$	1402
Part 3: Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 39b. Copy line 38, Total deductions - \$ 402 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a.	1402 B
Part 3: Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 39b. Copy line 38, Total deductions - \$ 40 Subtract line 39b from line 39a. For the next 60 months (5 years)	1402 B
Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 39b. Copy line 38, Total deductions - \$ 40 Subtract line 39b from line 39a. For the next 60 months (5 years)	1402
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Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 27 of 52

 41. 41a. Fill in the amount of your total nonpriority unsecured debt Summary of Your Assets and Liabilities and Certain Statistical (Official Form 106Sum), you may refer to line 3b on that form 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § Multiply line 41a by 0.25. 	Information Schedules707(b)(2)(A)(i)(I).	\$x .25	Copy here→ \$	
 42. Determine whether the income you have left over after subtracting to pay 25% of your unsecured, nonpriority debt. Check the box that applies: ☐ Line 39d is less than line 41b. On the top of page 1 of this form Go to Part 5. ☐ Line 39d is equal to or more than line 41b. On the top of page of abuse. You may fill out Part 4 if you claim special circumstance. 	n, check box 1, <i>There is no presu</i> 1 of this form, check box 2, <i>The</i>			
3. Do you have any special circumstances that justify additional expereasonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your a for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstance adjustments necessary and reasonable. You must also give yo expenses or income adjustments. Give a detailed explanation of the special circumstances Thave been Unemplyed Since May 10 20 ADA accompatition being denied. I have been Since, but have her had luck finding we my death. I have been Since, but have her had luck finding we my death. I have been Since, but have her had luck finding we my death. I have been Since, but have her had luck finding we my death. I have been Since, but have her had luck finding we my death. I have been Since, but have her had luck finding we my death. I have been Since, but have her had luck finding we my death. I have been Since of the special circumstances.	verage monthly expense or incorposes that make the expenses or incorporate that make the expenses of	me adjustment ncome f your actual Average monthly or income adjust	v expense	T
By signing here, I declare under penalty of perjury that the infor	mation on this statement and in	any attachments is	true and correct.	
Signature of Debtor 1 Date 3/3//2035 MM / DD / YYYY	Signature of Debtor 2 Date MM / DD / YYYY			

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 28 of 52

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Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think if its best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your mane and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.			С	
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Condominitum or cooperative entire property? Current value of the entire property? City State ZIP Code Land Investment property Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Single-family home Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Manufactured or mobile home Current value of the entire property?	1.1.		Creditors Who Have Clair	ns Secured by Property.
Land Survestment property Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. County	Street address, if available, or other description	Condominium or cooperative		
Investment property			entire property?	portion you own?
City State ZIP Code Timeshare Other			\$	\$
City State State State State State State County State County State County State County State County State				
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If you own or have more than one, list here: What is the property? Check all that apply. Street address, if available, or other description What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home (see instructions) (see instructions) (see instructions) (see instructions) Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the portion you own?	County		Do Draws	
Other information you wish to add about this item, such as local property identification number: 1.2. Street address, if available, or other description Manufactured or mobile home Manufactured or mobile home At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		·		mmunity property
If you own or have more than one, list here: What is the property? Check all that apply. Single-family home Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home Current value of the portion you own?			,	
If you own or have more than one, list here: What is the property? Check all that apply. Single-family home Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home Current value of the entire property? portion you own?				
1.2. Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Condominium or cooperative Current value of the entire property? Manufactured or mobile home the amount of any secured daims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? portion you own?	If you own or have more than one, list here:			
1.2. Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own?	•	What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions. Put
Street address, if available, or other description Street address, if available, or other description Condominium or cooperative Manufactured or mobile home Current value of the entire property? portion you own?		•	the amount of any secure	d claims on <i>Śchedule D:</i>
Manufactured or mobile home entire property? portion you own?	1.2. Street address, if available, or other description			• • •
THE HOLD THE SECOND TO THE SEC		<u> </u>		+ +
<u> </u>			¢¢	\$
☐ Investment property	*		Ψ	Ψ <u></u>
City State ZIP Code Timeshare Describe the nature of your ownership' interest (such as fee simple, tenancy by	City State ZIP Co	e		
Other the entireties, or a life estate), if known.	on, one of	Other	the entireties, or a lif	e estate), if known.
Who has an interest in the property? Check one.	į			
Debtor 1 only		Debtor 1 only		
	County	· · · · · · · · · · · · · · · · · · ·	T a	
County Debtor 2 only		□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	(see instructions)	mmunity property

Schedule A/B: Property

Other information you wish to add about this item, such as local property identification number:

1.3.	Street address, if available	e, or other description	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative		d claims on Schedule D: ns Secured by Property. Current value of the
			☐ Manufactured or mobile home	entire property?	portion you own?
			Land	\$	\$
			Investment property	Describe the nature of	of your ownership
	City	State ZIP Code	Timeshare Other	interest (such as fee the entireties, or a life	simple, tenancy by
			Who has an interest in the property? Check one.		
	County		Debtor 1 only		
	County		Debtor 2 only	Check if this is co	mmunity property
			☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	(see instructions)	tilitatinty property
			Other information you wish to add about this ite	em, such as local	
			property identification number:	1	William
. Add t	the dollar value of the p	ortion you own for a	ll of your entries from Part 1, including any entries	s for pages	\$
you	have attached for Part '	I. Write that number I	here	7	
art 2:	own, lease, or have leg	al or equitable intere	st in any vehicles, whether they are registered or early or a second of the second of	not? Include any vehicles and Unexpired Leases.	
o you	own, lease, or have leg that someone else drive , vans, trucks, tractors,	al or equitable intere s. If you lease a vehicl	e, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	5
ou own	own, lease, or have leg that someone else drive , vans, trucks, tractors,	al or equitable intere s. If you lease a vehicl	e, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	5
Oo you ou own Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors, lo 'es	al or equitable interes s. If you lease a vehicl sport utility vehicles	e, also report it on Schedule G: Executory Contracts	and Unexpired Leases. Do not deduct secured cla	aims or exemptions, Put
o you ou own Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors, lo 'es	al or equitable interests. If you lease a vehicles sport utility vehicles	e, also report it on <i>Schedule G: Executory Contracts</i> a	and Unexpired Leases. Do not deduct secured clathe amount of any secure	aims or exemptions. Put d claims on Schedule D:
Oo you ou own Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors, lo 'es Make: Model:	al or equitable interests. If you lease a vehicles sport utility vehicles BMW 380; XDrive	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	and Unexpired Leases. Do not deduct secured class the amount of any secure Creditors Who Have Clair.	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Oo you ou own Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors, lo 'es Make: Model: Year:	al or equitable interests. If you lease a vehicles sport utility vehicles BMW 380: XDrive	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases. Do not deduct secured clathe amount of any secure	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Oo you ou own Cars	own, lease, or have leg that someone else drive, vans, trucks, tractors, lo es Make: Model: Year: Approximate mileage:	al or equitable interests. If you lease a vehicles sport utility vehicles BMW 380: XDrive	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Oo you ou own Cars	own, lease, or have leg that someone else drive, vans, trucks, tractors, lo 'es Make: Model: Year: Approximate mileage: Other information:	al or equitable interests. If you lease a vehicles sport utility vehicles BMW 380; XDrive 2018 (a3, 000	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Oo you ou own Cars	own, lease, or have leg that someone else drive, vans, trucks, tractors, lo es Make: Model: Year: Approximate mileage:	al or equitable interes. If you lease a vehicles sport utility vehicles BMW 380: XDrive 2018 62,000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Oo you ou own Cars N N N 3.1.	own, lease, or have leg that someone else drive , vans, trucks, tractors, to es Make: Model: Year: Approximate mileage: Other information:	al or equitable interes. If you lease a vehicles sport utility vehicles BNW 360; XDrive 2018 (02, 000) r damage K3 Pinion.	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured class the amount of any secure Creditors Who Have Clair. Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
O you ou own Cars 3.1.	own, lease, or have leg that someone else drive , vans, trucks, tractors, to es Make: Model: Year: Approximate mileage: Other information: Vehicle has mino to bumbe and face	al or equitable interes. If you lease a vehicles sport utility vehicles BNW 360; XDrive 2018 (02, 000) r damage K3 Pinion.	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured class the amount of any secure Creditors Who Have Clair. Current value of the entire property? \$\frac{1}{250} - \frac{14}{200} \text{O} \text	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Oo you ou own Cars N N N 3.1.	own, lease, or have leg that someone else driver, vans, trucks, tractors, lower with the least trucks and fixed to bumber and fixed own or have more than Make:	al or equitable interes. If you lease a vehicles sport utility vehicles BNW 360; XDrive 2018 (02, 000) r damage K3 Pinion.	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ 4,250 - 14,000 Carris final	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
O you ou own Cars 3.1.	own, lease, or have leg that someone else driver, vans, trucks, tractors, to describe the works of the sound	al or equitable interes. If you lease a vehicles sport utility vehicles BNW 360; XDrive 2018 (02, 000) r damage K3 Pinion.	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property? \$\frac{1}{250} - \frac{1}{4},00000000000000000000000000000000000	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$\int\{\text{C}\text{d}\text{.}}\$ Alims or exemptions. Put d claims on Schedule D: ns Secured by Property.
O you ou own Cars 3.1.	own, lease, or have leg that someone else driver, vans, trucks, tractors, lowers and low	al or equitable interes. If you lease a vehicles sport utility vehicles BNW 360; XDrive 2018 (02, 000) r damage K3 Pinion.	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ 4,250 - 14,000 Carris final	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$\int\{\text{C}\text{d}\text{.}}\$ Alims or exemptions. Put d claims on Schedule D: ns Secured by Property.
O you ou own Cars 3.1.	own, lease, or have leg that someone else driver, vans, trucks, tractors, to describe the works of the sound	al or equitable interes. If you lease a vehicles sport utility vehicles BNW 360; XDrive 2018 (02, 000) r damage K3 Pinion.	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property? \$\frac{1}{2}\frac{350}{2} - \frac{14}{2}\frac{300}{2}\frac{3}{2}\frac{14}{2}\frac{300}{2}\frac{300}{2}\frac{14}{2}\frac{300}{2}\frac	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$

Case 25-12398-VFP Dog 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Lyelin Juniette Ligopopument Page 29 of 52 number (1/8 nown) 28-12398-VFP

Debtor 1

		Who has an interest in the property? Check one.	Do not deduct secured cla	ilms or exemptions. Put
3.3.	Make:	Debtor 1 only	the amount of any secure	d claims on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Clain	•
	Year:	— ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another	entile property:	portion you own:
	Other information:	_	\$	\$
		☐ Check if this is community property (see instructions)	¥	<u> </u>
	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Put
3.4.	***************************************	Debtor 1 only	the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
	Model:	Debtor 2 only		
	Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of th portion you own?
	Approximate mileage:	At least one of the debtors and another	sittle property:	portion you own:
	Other information:		\$	\$
		Check if this is community property (see instructions)	Φ	Ψ
Xam No	oples: Boats, trailers, motors, persono o es Make:	Vs and other recreational vehicles, other vehicles, and access and watercraft, fishing vessels, snowmobiles, motorcycle accessor who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
xam N Y	<i>oples:</i> Boats, trailers, motors, person o es	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	ries Do not deduct secured cla	d claims on Schedule D: ns Secured by Property.
xam N Y	oples: Boats, trailers, motors, persor o es Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property. Current value of th
Exam No. 1 Your	oples: Boats, trailers, motors, persor o es Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property. Current value of th portion you own?
N. You	oples: Boats, trailers, motors, persono es Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured class	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$
N. You	pples: Boats, trailers, motors, person o es Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$
N. You	pples: Boats, trailers, motors, persono es Make: Model: Year: Other information: own or have more than one, list her	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured class the amount of any secure	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$
Ñ N. N. Y. N. N. Y. N.	pples: Boats, trailers, motors, persono es Make: Model: Year: Other information: own or have more than one, list her Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured class the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$
Q No.	pples: Boats, trailers, motors, person o es Make: Model: Other information: own or have more than one, list her Make: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$
Ø N. Y. O.	pples: Boats, trailers, motors, persono es Make: Model: Year: Other information: own or have more than one, list her Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$
Ñ N. N. Y. N. N. Y. N.	pples: Boats, trailers, motors, persono es Make: Model: Year: Other information: own or have more than one, list her Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) re: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$

Debtor 1

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main First Name Middle Name Last Name Last Name Last Name Last Name Last Name Evelin First Name Jannette Middle Name

you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware	
No 1	Α
Yes. Describe	\$
Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, sca collections; electronic devices including cell phones, cameras, media players, games	anners; music
No No	
Yes. Describe	\$
Collectibles of value	a communicación de manuel de communicación de commente de communicación de
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art object stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	sts;
No Yes. Describe	\$
Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs and kayaks; carpentry tools; musical instruments	s, skis; canoes
No parameter and the second of	
Yes. Describe	\$
Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe	\$
Clothes	a delima
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
No	
Yes. Describe	\$_ <i>l</i> O
Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, wato gold, silver	tches, gems,
₩ No Yes. Describe	\$
Non-farm animals	(1997) - 1997 -
Examples: Dogs, cats, birds, horses	
🖄 No	\text{\lambda} \tag{\lambda}
Yes. Describe	\$
Any other personal and household items you did not already list, including any health aids you d	did not list
No No	
Yes. Give specific information	\$
Add the dollar value of all of your entries from Part 3, including any entries for pages you have a	- / - /
for Part 3. Write that number here	• • •

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 32 of 52 number (# known) 25-12398-VFP

Debtor 1

t Name	Middle Name	- 1

Part 4: Describe Yo	ur Financial Assets		
Do you own or have any	Current value of the portion you own? Do not deduct secured claims or exemptions.		
16. Cash			
Examples: Money you	have in your wallet, in your hon	ne, in a safe deposit box, and on hand when you file your po	etition
□ No			1
Yes		Cash:	s <u>†</u>
and other si	eavings, or other financial accou imilar institutions. If you have m	ints; certificates of deposit; shares in credit unions, brokera ultiple accounts with the same institution, list each.	ge houses,
☐ No ☑ Yes		Institution name:	
	17.1. Checking account:	Chase	s 109
	17.2. Checking account:		<u> </u>
	17.3. Savings account:		\$
	17.4. Savings account:		<u> </u>
	17.5. Certificates of deposit:		<u> </u>
	17.6. Other financial account:		\$
	17,7. Other financial account:		\$
	17.8. Other financial account:		\$
	17.9. Other financial account:		\$
	or publicly traded stocks investment accounts with brok Institution or issuer name:	erage firms, money market accounts	
			\$
			<u> </u>
			\$
an LLC, partnership, a No Yes. Give specific		rated and unincorporated businesses, including an inte % of own 0%	
information about them		0%	% \$
		0%	% \$

Debtor 1	Case 25-12	398-VFP C	OC 10	Filed (Docume	03/31/25 ent Pa	Entage 33	ered 03 of 52 nu	/31/25 1 Imber (if known)	5:47:44 25-12	Desc M 398 - VF	
	1 ust reatile	IMAGE HEND	Edge North								
Nego	tiable instruments i	orate bonds and o include personal ch ents are those you o	ecks, cas	hiers' check	s, promissor	y notes, a	ind money	orders. m.			
int	o es, Give specific formation about em	Issuer name:									
										\$ \$	
	ement or pension	accounts RA, ERISA, Keogh,	401(k), 4	.03(b), thrift:	savinas acco	ounts, or c	ther pensio	on or profit-s	haring plans		
DA N		a ,		V (2) (,	,		J		
	es. List each count separately.	Type of account:	Institu	tion name:							
		401(k) or similar pla	n:							\$	
		Pension plan:								\$	
		IRA:								\$	
		Retirement account								\$	
		Keogh:								\$	
		Additional account:						···········		\$	
		Additional account:								\$	
Your : Exam	<i>ples:</i> Agreements anies, or others	l deposits you have with landlords, prep	oaid rent,		s (electric, g					1	
水子	•	Electric:								\$	
V		Gas:								\$	
		Heating oil: Security deposit on								\$	
		Prepaid rent:	rentar unit.							*/	
	3	Telephone:	AT3	Ţ						\$ 157	\
		Water:								\$	
		Rented furniture:	11 ($\overline{}$		\$	$\overline{}$
		Other:	HUIO							\$ 12.7	7
	,	r a periodic paymer	nt of mone	ey to you, eit	her for life o	r for a nur	mber of yea	ırs)			•
XQ No	es	Issuer name and d	accrintion								
- 16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	issuer name and d	osonpilon.							\$	
•							***			\$	
										\$	

Debtor 1	Case 25-12	2398-VFP	Doc 10	Filed 03/3 Document	31/25 E Page	Intered 03/31 34 of 52 number	/25 15:47:44 (if known)	Desc Main 198 - VFP
	First Name	Middle Name	Last Name					•
	s.C. §§ 530(b)(1),	ion IRA, in an ac , 529A(b), and 52		ualified ABLE pi	rogram, or ι	inder a qualified si	ate tuition program	1.
☐ Ye	s	Institutio	n name and d	escription. Separ	rately file the	records of any inte	rests.11 U.S.C. § 52	1(c):
								\$
								\$
		••••						\$ <u></u>
i.Trusts exerci	, equitable or fu sable for your b	iture interests in enefit	property (ot	her than anythi	ng listed in	ine 1), and rights	or powers	
🛛 No	1	part 1 may and 1 may a may						· ·
	s. Give specific ormation about th	nem						\$
		<u> </u>						
		rademarks, trad nain names, webs						
M No	ı	AN 1994 A 1997 A 19		Name of Standard Stan			nggang pergana pery pergananan agai sasa sasanan asawa sa sa sa sa sa sa sa se s	······································
	s. Give specific ormation about th	nem						\$
		To come a serie o social de la Persona de Series d		Na thai ann an			gamija magan iyin manimin ini ini ini ini ini ini ini ini in	
		and other gener mits, exclusive lice			n holdings, l	quor licenses, profe	essional licenses	
DD No	" '	,	,,			•		
•	s. Give specific							
info	ormation about th	nem	,,,,					<u> </u>
oney or	property owed	to you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
3. Tax ref	funds owed to y	ou.						
X) No	=							
	s. Give specific i		Tax ren	urn was five eve dispersed a	d for 20	25,	Federal:	\$
	you already file		funds W	eve dispersed a	nd used o	N .	State:	\$
	and the tax ye	ars		y necessitie			Local:	\$
			(J	•			
	/ support ples: Past due or	lump sum alimon	y, spousal su	pport, child supp	ort, mainten	ance, divorce settle	ment, property settle	ment
Ø No		,					-	
☐ Ye	s. Give specific is	nformation		Name 14 (Parks, 1978) 19 19 19 19 19 19 19 19 19 19 19 19 19) 	
							Alimony: Maintenance:	\$
			}				Support:	\$
							Divorce settlement:	\$
							Property settlement:	\$
). Other Examp	amounts someo oles: Unpaid wag Social Secu	one owes you es, disability insu rity benefits; unp	rance paymer	nts, disability ben	nefits, sick pa ne else	ıy, vacation pay, w	orkers' compensation	٦,
Ū No) = ==						_ TIT
		nformation				1,0 1 p. 1,0 1 p. 1,0 1 p. 1,0 1 p. 1 p	Construct (Mayber Daylowally, Ambridge on what construct	TE SIF
			ļ					\$

	Case 25-1	L2398-VFP	Doc 10 Filed 03/ Document	31/25 Entered 03/31/25 15:47 Page 35 of 52 number ((Known) 5	:44 Desc Main 2398-VFP
Debtor 1	First Name	Middle Name	Last Name	Case Humber (it known)	1000 10 111
Examp		•	rance; health savings account	t (HSA); credit, homeowner's, or renter's insurar	nce
¼ No ☐ Ye	s. Name the in:	surance company y and list its value	Company name:	Beneficiary:	Surrender or refund value:
					. \$
					\$
					<u> </u>
If you a	are the benefici ty because son		ou from someone who has t, expect proceeds from a life	died insurance policy, or are currently entitled to rece	eive
No		information			
— 16	s. Give specific	injointadon			\$
	oles: Accidents,		utes, insurance claims, or righ		
•		ch claim.			
			, , , , , , , , , , , , , , , , , , ,		<u> </u>
34. Other to set	off claims	d unliquidated cl		ling counterclaims of the debtor and rights	
, ,		ch claim			, m , m
			A CONTRACTOR OF THE PROPERTY O		
35. Any fir	nancial assets	you did not alre	ady list		
No.					44,5,000,2,000 5 a 11,000 1 a 11,
Ye	s. Give specific	information	•		<u> </u>
			tries from Part 4, including a	any entries for pages you have attached	> s 16
Part 5:	Describe	Any Busines	s-Related Property Yo	ou Own or Have an Interest In. List	any real estate in Part 1.
27 Do voi	own or have	any legal or equi	itable interest in any busine	ss-related property?	
A -	. Go to Part 6.	ally legal of equi	table interest in any busine	sa-related property:	
	s. Go to line 38				
					Current value of the
					portion you own? Do not deduct secured claims
					or exemptions.
	nts receivable	or commissions	you already earned		
No.	. D				
Ŭ Ye:	s. Describe		•		\$
39. Office	equipment, fu	rnishings, and s	upplies		
<i>Example</i> No		ted computers, softv	vare, modems, printers, copiers, fa	ax machines, rugs, telephones, desks, chairs, electroni	c devices
	s, Describe				n n e mus marromas a me ma
	, D000100				, , , , , , , , , , , , , , , , , , ,

	Case 25-1	.2398-VFP	Doc 10	Filed 03/33 Document	L/25 E Page	ntered 03/31/ 36 of 52 number (25 15:47:44	Desc Main 348 - VFP
Debtor 1	First Name	Middle Name	Last Name			Case number (i	rknown) 010 1010	70 17
40. Machi i	nery, fixtures, e	equipment, supp	lies you use	in business, and (cools of yo	ur trade		
Mo 🙀	r			announce or some order one or conservation of the source o		ng yaka dan sanasanan kari magana karayan ka ya ya kari sana an ka magana an ka		· · · •
☐ Ye	s. Describe							\$
	,	en e maria en		gayanggaya ayangga anganganggana arana arana is a a canad ba				s.v.\$
41. invent						19,445,444. 14,55,5445,4444. 144. 144. 144. 144. 144. 144. 144		
∭ No □ Ye	s. Describe	ann ann a chairt ann an bailt a chainn a t-bhaile an t-bhaile a chairt a chainn a chairt a chainn a chairt a c				2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	The a finder before to the second transfer transfer a community of the second transfer and the second transfer a	\$
	. 50001150 111111			manner i i i i i i i i i i i i i i i i i i i		e a company a company or any a company or any a company or		
42. Interes	ts in partnersh	nips or joint vent	ures					
💋 No								
☐ Ye	s. Describe	Name of entity:					% of ownership:	
		<u></u>					%	\$
							%	\$
							%	\$
43. Custor	ner lists, mailir	ng lists, or other	compilations	3				
Ø №					l Constitu	44 11 0 0 5 404/444		•
∟ Ye	s. Do your lists	include person	ally identifiat	ile intormation (as	s delined in	11 U.S.C. § 101(41/	4)) f	
	Yes. Desc	cribe		r ramma i motoria mondifetto e no motorio estre estre estre e				-
								\$
44 Any hi	ısiness-related	property you di				P. H. Delenge, A. Copy, Proceedings and Association of Copy and Co	The state of the s	a ari A
Æ No								
	s. Give specific							\$
ПК	лтацоп							\$
								\$
								\$
								\$
								\$
45 Add th	e dollar value i	of all of your ent	ries from Pai	t 5. including any	entries fo	r pages you have a	ttached	a A
for Pa	t 5. Write that	number here					······	*
	1							_
Part 6:	If you own o	. ny Farm- and (r have an interes	Commercia st in farmiand	i Fisning-Relate I, list it in Part 1.	a Proper	ty You Own or Ha	ave an Interest li	1.
		any legal or equi	table interest	in any farm- or c	ommercial	fishing-related pro	perty?	
	. Go to Part 7. s. Go to line 47.							
								Current value of the
								portion you own? Do not deduct secured claims
								or exemptions.
47. Farm a		ooultry, farm-raise	ad fich					
<i>⊑xamp</i> ∆ No	-	Journy, Idilli-Laist	o nort					
	S	and the state of the security and analysis and an analysis and an analysis and an analysis and an analysis and		5,540 ma,000,00 5 mm at minimum minimum (* 120 mm).	natura en propriación que por portante por entre para que en			-
								\$
		L.,.,			.,.,,,,,			

Debtor 1 Case 25-12398-VFP DOC 10 File	ment Page 37 of	0 03/31/25 15,4.7.44 52 number (if known)	gesc Wayn
First Name Middle Name Last Name			•
48. Crops—either growing or harvested			
No No		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Yes. Give specific information		/allanda (a. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	\$
49. Farm and fishing equipment, implements, machinery, fixton			
☐ Yes			\$
50. Farm and fishing supplies, chemicals, and feed			,
No			à.
☐ Yes			\$
51. Any farm- and commercial fishing-related property you di			
Yes. Give specific information		ann marianniaga, sais i ann ann ann ann ann ann an an an ann an Arainn an Arainn an Arainn Arainn an Arainn An	•
			3
52. Add the dollar value of all of your entries from Part 6, incl for Part 6. Write that number here		_	\$_ <i>\(\mathcal{D}\)</i>
Part 7: Describe All Property You Own or Hav	e an Interest in That	You Did Not List Above	
53. Do you have other property of any kind you did not alread	ly list?		
Examples: Season tickets, country club membership No	, 11, 111, 12, 23, 211, 11, 11, 11, 11, 11, 11, 11, 11, 1	1974 - AV TO ANTANTONI MENDON ON THE WINDOW SHEW WITH BUILDING STORES	
Yes, Give specific			\$
information			\$
			Ψ
54. Add the dollar value of all of your entries from Part 7. Write	e that number here	······	\$
Part 8: List the Totals of Each Part of this Fo	rm		70
55. Part 1: Total real estate, line 2		······	\$
56.Part 2: Total vehicles, line 5	m \$9250-14000	(financed vehicle)	
57. Part 3: Total personal and household items, line 15	\$_ <i>\(\infty\)</i>		
58. Part 4: Total financial assets, line 36	s_116		
59. Part 5: Total business-related property, line 45	s0		
60. Part 6: Total farm- and fishing-related property, line 52	\$		
61. Part 7: Total other property not listed, line 54	+s0		
62. Total personal property. Add lines 56 through 61	\$ <u>.</u>	Copy personal property total 👈	+\$
63. Total of all property on Schedule A/B. Add line 55 + line 62.			<u>\$ 9366 - 14,000</u>

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Page 38 of 52 Document Fill in this information to identify your case: Debtur 1 Debtor 2 (Spouse, if filing) First Name Middle Name Last Name District of United States Bankruptcy Court for the: Check if this is an (If known) amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 04/22 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: **Identify the Property You Claim as Exempt** 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you, ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Specific laws that allow exemption Current value of the Amount of the exemption you claim Brief description of the property and line on portion you own Schedule A/B that lists this property Check only one box for each exemption. Copy the value from Schedule A/B Brief **□** \$ description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief **S** description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief □ \$ description: 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: 3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) No Ka Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 39 of 52

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Schedule A/B: Brief description: Line from	\$	\$ 100% of fair market value, up to	
Schedule A/B: ———		any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 40 of 52

	Document Page 40 of 52			
Fill in this information to identify your cas	se:			
Debtor 1 Evelin Jan Middle t	nesse Figuerog Name Lasi Name			
Debtor 2 (Spouse, if filing) First Name Middle I				
United States Bankruptcy Court for the:	District of			
Case number (If known) 25-12398-VFP				if this is an led filing
Official Form 106D				-
	a Wha Hava Claims Soour	od by Bro	aarty	40/45
	s Who Have Claims Secur			12/15
Be as complete and accurate as possible. information. If more space is needed, cop additional pages, write your name and car	If two married people are filing together, both are e y the Additional Page, fill it out, number the entries, se number (if known).	qually responsible t and attach it to this	or supplying correct form. On the top o	et f any
 Do any creditors have claims secured to No. Check this box and submit this for Yes. Fill in all of the information below. 	m to the court with your other schedules. You have noth	ing else to report on	this form.	
Part 1: List All Secured Claims				
List all secured claims. If a creditor has no for each claim. If more than one creditor has no creditor h	nore than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Freter library	Describe the property that secures the claim:	<u>\$ 35,000</u>	s 9,250-14K	a interestração a terminações
Cheditor's Name P, O BOX 166008	2018 BMW 3201 X Drive			
Number Street TX 75016 City State ZIP Code	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	_] :		
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
Check if this claim relates to a community debt	, ,			
Date debt was incurred 5/25/28	Last 4 digits of account number Describe the property that secures the claim:		samenta ar metro ar	***************************************
Creditor's Name	Describe the property that secures the claim.		Ψ	.Ψ
Number Street	As of the date you file, the claim is: Check all that apply			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	_		
Date debt was incurred	Last 4 digits of account number		universitäti saivattaan vartainen täättä telitaten elektriikistä täytää telitationalla saivattiin tallattiitii	
Add the dollar value of your entries in	Column A on this page. Write that number here:	\$		

Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Case 25-12398-VFP

Page 41 of 52 Document

Debtor 1 First Name Middle Name Lasi Name Column C Column B Column A **Additional Page** Value of collateral Unsecured Amount of claim Part 1: After listing any entries on this page, number them beginning with 2.3, followed that supports this portion Do not deduct the by 2.4, and so forth. claim value of collateral. If any Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code City State Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent ■ Unliquidated State ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated State Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number ____ Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 42 of 52 Case 25-12398-VFP

Debtor 1

Last Name First Name Middle Name

1 52 Case number (# known) 25 - 12398 - VFP

P	art 2:	ist Others to Be Notif	ied for a Debt	That You Aiready	Listed
ag yo	jency is tryi ou have mor	ng to collect from you for a	a debt you owe to of the debts that	someone else, list the you listed in Part 1, li	a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if st the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	City		State	ZIP Code	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
				710.0-4-	. -
	City		State	ZIP Code	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	City		State	ZIP Code	•
	and the state of t				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
	City		State	ZIP Code	
	Nomo				On which line in Part 1 did you enter the creditor? Last 4 digits of account number
	Name				Last 4 digits of account number
	Number	Street			
	City		State	ZIP Code	

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Fill in this information to identify your case: Debtor 1 Debtor 2 (Spouse, if filing) First Name District of United States Bankruptcy Court for the: ☐ Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Nonpriority Priority Total claim amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent State Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated is the claim subject to offset? Other, Specify ☐ No Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No Yes

Debtor 1

First Name	Middle Name	Łast Name

listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpri amoun
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
FIIDIRY CIEUROI 5 MAINE	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	☐ Unliquidated☐ Disputed			
Who incurred the debt? Check one.	Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
	 Claims for death or personal injury while you were intoxicated 			
Check if this claim is for a community debt	Other. Specify			
s the claim subject to offset?				
□ No				
☐ Yes				inesaulum malanvellu
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Attack to account of the idea of the Charles and	☐ Disputed			
Who incurred the debt? Check one. Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	•			
Debtor 1 and Debtor 2 only	☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Other, Specify			
Is the claim subject to offset?	Guner, Specify			
□ No				
Tyes		ace processing the constant of the color of	na sourcema accumination (1.45% a % visita (1.45%)	M-VGDVALLWATTTAND
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Untiquidated			
Who incurred the debt? Check one.	☐ Disputed			
who incurred the debt? Check one. ☐ Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 1 only Debtor 2 only	••			
Debtor 1 and Debtor 2 only	☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Other. Specify		responsable en contra es entre la some des d'Artife de est	NOTAL CHEST AND CASE OF SHARE
s the claim subject to offset?	Guier, Specity			
is the claim subject to onset? \square No				
☐ Yes				

Doc 10 Filed 03/31/25 Entered 03/31/25 15:4

Document Page 45 of 2 number (# known) Case 25-12398-VFP Debtor 1 **List All of Your NONPRIORITY Unsecured Claims** Part 2: Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Last 4 digits of account number U 3 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. ZIP Code City Contingent Who incurred the debt? Check one. Unliquidated Disputed Debtor Fonly Debtor 2 only f NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ∑a No Other. Specify_ Yes Last 4 digits of account number When was the debt incurred? Nonpriority Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ZIP Code City Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify No. Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

□ No

Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

☐ Student loans

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47;447 Desc Main Document Page 46 of American Middle Name Last Name

Debtor 1

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	r listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	Ψ
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one.	Contingent Unliquidated Disputed	
	☐ Debtor 1 only	·	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community debt Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	□ No □ Yes	Green Specify	
	g_{0} and g_{0	Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	 □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify 	
	□ No □ Yes		
		Last 4 digits of account number	**************************************
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent Unliquidated	
*	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	□ No □ Yes		

Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Case 25-12398-VFP

Debtor 1

Document Page 47 of number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Stre	el	Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number
City	State Z	Code
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Stre	et	Part 2: Creditors with Nonpriority Unsecured
		Claims
City	State Z	Last 4 digits of account number
en er		
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Stre	et	Part 2: Creditors with Nonpriority Unsecured Claims
City	State Z	Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Stre	el	Part 2: Creditors with Nonpriority Unsecured
		Claims
Au	Olah 7	Last 4 digits of account number
City	State Z	
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Stre	et	Part 2: Creditors with Nonpriority Unsecured Claims
City	State Z	Last 4 digits of account number
rettiin notel ka tettiin kalli ja nooteka ja kirineen kan kaitotiin. Et katoonii jose een		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Stre	et	Part 1: Creditors with Priority Unsecured
		Claims
		Last 4 digits of account number
City	State Z	
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Stre	et	Part 2: Creditors with Nonpriority Unsecured
		Claims
City	State Z	Code Last 4 digits of account number

Debtor 1

Case 25-12398-VFP

Doc 10 Filed 03/31/25 Entered 03/31/25 15:47/47

Last Name Document Page 48 of Page 18 of Pag

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

Total claims from Part 2

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.
- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

Total claim

62	ľX –	
va.	\$	

Total claim

- 6i.
- 6j.

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 49 of 52

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FIII	in this in	formation to identify	/ your case:			
Deb	otor	Evelin	Jannette	Figuerou		
		First Name	Middle Name	Mast Name	·	
	otor 2 ouse If filing)	First Name	Middle Name	Last Name		
Unit	ted States I	Bankruptcy Court for the	: District			
Cas	se number	25 - 1239	R - VFP			☐ Check if this is an
	(nown)		•			amended filing
Off	ficial F	Form 106G				
			ardami Car	troots and	Unavnirad Lassas	40/45
					Unexpired Leases	12/15
infor	mation. I	f more space is need	oossible. If two marri ded, copy the additio a and case number (i	onal page, fill it out, nun	ether, both are equally responsible for supp ober the entries, and attach it to this page. C	On the top of any
				- 110		
1.		-	contracts or unexpire this form with the cou		les. You have nothing else to report on this for	m.
					listed on Schedule A/B: Property (Official Form	
2.	List sepa	rately each person o	or company with who	om you have the contra	ct or lease. Then state what each contract on the instruction booklet for more examples of	or lease is for (for executory contracts and
	ипехрігес		cen priorie). eee we	mondenene ter une term		•
	Person c	or company with who	om you have the con	tract or lease	State what the contract or lease is fo	or
2.1						
	Name					
	Number	Street				
	City		State ZIP Code			
2.2						
1. 1	Name					
	N. d.	011				
	Number	Street				
ļ.,	City		State ZIP Code			e en
2.3						
	Name					
	Number	Street				
			715.0.4			
	City		State ZIP Code			
2.4	Nama					
	Name					
	Number	Street				
	City		State ZIP Code			
2.5	. 4 3, 4 4 - 1 - 1 - 1					
	Name					
	Number	Street				
	City		State ZIP Code			
3	URY		Ciate AIF COUR			

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 50 of 52

ERRORS CONTROL OF THE PROPERTY	à
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	,

Additional Page if You Have More Contracts or Leases

Person	or company with	whom you have the contract or lease	What the contract or lease is for
Name	1.1.1		
Number	Street		
City		State ZIP Code	
Name			
Number	Street		
City		State ZIP Code	
Name			
Number	Street		
City		State ZIP Code	
Name			
Number	Street		
City		State ZIP Code	
Name			
Number	Street		
City		State ZIP Code	
			
Name			
Number	Street		
City		State ZIP Code	
Nomo			
Name			
Number	Street		
City		State ZIP Code	
Name			
Number	Street		_

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Page 51 of 52 Document Fill in this information to identify your case: Debtor 2 Middle Name (Spouse, if filing) First Name District of _ United States Bankruptcy Court for the: ____ 12398-VFP ☐ Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) 🛭 No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) 💹 No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person. Name of your spouse, former spouse, or legal equivalent Number Street ZIP Code City State 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Check all schedules that apply: 3.1 Schedule D, line ___ Name □ Schedule E/F, line Number Schedule G, line ____ Street City 3.2 Schedule D, line Name Schedule E/F, line ____ Number Schedule G, line _____ ZIP Code City State

page 1 of ___

☐ Schedule D, line _

□ Schedule E/F, line _□ Schedule G, line

ZIP Code

City

Name

Number

3.3

Case 25-12398-VFP Doc 10 Filed 03/31/25 Entered 03/31/25 15:47:44 Desc Main Document Page 52 of 52

	Ac	lditional Page to Li	st More Codebtors			
	Column 1: Your codebtor				Column 2: The creditor to whom you owe the debt	
2 1					Check all schedules that apply:	
3					Schedule D, line	
	Name				☐ Schedule E/F, line	
	Number	Street			Schedule G, line	
	City		State	ZIP Code		
3					Schedule D, line	
	Name				☐ Schedule E/F, line	
	Number	Street			Schedule G, line	
	710111001	3 ,733.				
	City		State	ZIP Code	_	
3					Schedule D, line	
	Name				☐ Schedule E/F, line	
	Number	Street			Schedule G, line	
	Number	Glibel				
	City		State	ZIP Code	- 	
3						
	Name				Schedule D, line	
					Schedule E/F, line	
	Number	Street			Gonedate of line	
	City		State	ZIP Code		
3						
	Name				Schedule D, line	
1					Schedule E/F, line	
	Number	Street			Schedule G, line	
	City		State	ZIP Code		
3	Olly			-	•	
	Name				Schedule D, line	
:					Schedule E/F, line	
	Number	Street			── ☐ Schedule G, line	
:	07		State	ZIP Code	<u> </u>	
3	City		State	Zii Oode		
<u> </u>	Name				Schedule D, line	
:					Schedule E/F, line	
	Number	Street			Schedule G, line	
			Dist	710 0-4-		
3.	City		State	ZIP Code		
	Name				Schedule D, line	
	nano				Schedule E/F, line	
	Number	Street			─ Schedule G, line	
l	City		State	ZIP Code		